

**CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO STREET, ROOM 1E12
NEW ORLEANS, LOUISIANA 70112**

ENROLLMENT APPLICATION/PERSONAL HISTORY

INSTRUCTIONS: This form is designed for multipurpose use and for automated data input by the City of New Orleans Employees' Retirement System. **PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES.**

SECTION I - TO BE COMPLETED BY THE EMPLOYEE

EMPLOYEE NAME:

LAST FIRST MI
ADDRESS:

STREET/P.O. BOX

CITY STATE ZIP

SOCIAL SECURITY NUMBER

_____/_____/_____
ATTACH COPY OF CARD

DATE OF BIRTH

_____/_____/_____
MO DAY YEAR

MARITAL STATUS

___SINGLE ___MARRIED ___DIVORCED ___WIDOWED

PREVIOUS EMPLOYMENT AND MEMBERSHIP INFORMATION

1. Have you ever contributed to the Employees' Retirement System of City of New Orleans, Sewerage & Water Board of the City of New Orleans and/or any other Louisiana Public Retirement System?

YES___ NO___

Name of System_____

2. Did you withdraw your contributions when you left previous employment from the above System? YES ___ NO___

3. Are you receiving a pension from the Employees' Retirement System of the City of New Orleans, Sewerage & Water Board of the City of New Orleans and/or any other Louisiana Public Retirement System?

YES ___ NO___

Name of System_____

4. If you contributed to S&WB or any other LA Public Retirement System do you wish to apply for a reciprocal recognition of retirement credit between systems or actuarial transfer of funds and retirement credit from another LA Public Retirement System to the City Retirement System.

YES ___ NO___

Employee Signature_____

SECTION II - TO BE COMPLETED BY THE DEPARTMENT

Department/Agency_____

ORGN.CODE_____

Employment Status:

Full time _____ Full time equals _____ hours per pay period.
Part time _____ Employee works _____ hours per pay period.

DATE OF EMPLOYMENT

_____/_____/_____
MO DAY YEAR

DATE SIGNED_____

AUTHORIZED REPRESENTATIVE SIGNATURE/TITLE